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Division of Corporations

BLALOCK, WALTERS

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Florida Department of State  
Division of Corporations  
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REGISTERED AGENT CHANGE  
W. KIM FURMAN, M.D., P.A.

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BLALOCK, WALTERS  
SARASOTA ORTHOPEDICS

(FAX) 941 957 4437

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P. 002/002

Fax Audit # (((H090002430983)))

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: W. KIM FURMAN, M.D., P.A.  
2. The principal office address: 1427 CEDAR BAY LANE  
SARASOTA, FL 34231  
3. The mailing address (if different): SAME AS PRINCIPAL ADDRESS

4. Date of incorporation/qualification: 06/26/2000 Document number: P000000062026

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

DON B. WEINBREN

101 E. KENNEDY BLVD. - SUITE 2700

TAMPA, FL 33602 US

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

JONATHAN D. FLEECE, VP

802 11TH STREET W

P.O. Box NOT acceptable

BRADENTON, FL 34205

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

W. KIM FURMAN, M.D. - DIRECTOR  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/17/09

Date

If signing on behalf of an entity:

JONATHAN D. FLEECE

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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